

County: Levy  
 Permit #: \_\_\_\_\_  
 Driller: Mike Wade  
 Date drilling completed: 4-17-07

### Well Driller Report and Well Log

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: L-160  
 I. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information		Well Location	
Owner Name: <u>David Tyler</u>		Latitude: <u>30.48</u> <sup>48</sup> <u>534</u> <sup>32</sup>	Longitude: <u>88.36</u> <sup>52</sup> <u>836</u> <sup>W</sup>
Mailing Address: <u>287 Phyllis Rd</u> <u>Lucedal Ms 39452</u>		Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
City: _____ State: _____ Zip Code: _____		SW 1/4 SW 1/4 Sec <u>5</u> Twn <u>T35</u> Rng <u>R6W</u>	
Telephone No. ( ) _____		Distance: <u>5 1/2</u> Miles	Direction: <u>S</u> of Nearest Town: <u>Lucedal</u>

**Well Data**

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 4-10-07 Date well drilling completed: 4-10-07

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 50 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 105 Well depth: 105 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 95 feet Casing diameter: 4 inches Type of casing: PVC 40

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC wrapped

Screen slot size: 10 inches Setting depth: From 95 feet to 105 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Michael R FeyFogle 0408  
 Print Name of Water Well Contractor and License No.

Michael R FeyFogle 0408  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

RECEIVED  
 MAY 21 2007  
 BY: OLWR



# STATE WELL REPORT

## Part 2

Pump Installer's Completion Report  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10651  
 Jackson, MS 39208-0651  
 (601) 961-5210  
 (800) 254-6238 (toll-free)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: L-160

Elevation: \_\_\_\_\_

County: Scott  
 Permit #: \_\_\_\_\_  
 Dater: Mike J. Wade  
 Date completed: 4-12-07

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

**Well Owner Information**

Owner Name: David Juler  
 Mailing Address: 287 Phillip RD  
Lucedal MS 39452  
 City State Zip Code  
 Telephone No. ( ) \_\_\_\_\_

**Well Location**

Latitude: 30.48534N Longitude: 88.56836W  
 Method of Lat/Long (circle one): Conventional Survey.  
 USGS quad, Hand-held GPS, Survey-grade GPS  
 T4 Sec 5 T35 R6W  
 Distance Direction Nearest Town  
5 1/2 Miles 2 of Lucedal

**Pump Type**  
Circle one

Air Lift	Jet	<u>Submersible</u>
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well

Other (specify): \_\_\_\_\_  
 Date Pump Installed: 4-12-07  
 Rated Pump Capacity: 19 Gallons Per Minute

**Power Type**  
Circle one

Diesel Engine	Gasoline Engine	Natural G
<u>Electric Motor</u>	Hand	Tractor P/T
Windmill	Other (specify): _____	

Have Power Rating of Motor: 1  
 Setting Depth: 105 feet  
 Number of Stages: 9

**Pump Test Data**

Date Well Tested: \_\_\_\_\_  
 Static Water Level (A): 50 Feet Below Land Surface  
 Pumping Water Level (B): 75 Feet Below Land Surface  
 Drawdown (B) - (A): 25 Feet Below Land Surface  
 Test Pumping Rate: 30 Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): 4 hours

**Method of Measuring Water Level**  
Circle one

Air Line Electric Measuring Line Steel Tape  
 Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: \_\_\_\_\_ feet  
 Well yielded 30 GPM with a drawdown of 25 feet after 1 1/2 hours of pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Michael R Fry, ogk 0408

Michael R Fry